

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031034

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

199

Primary Registration District No. 1062

Registrar's No.

4493

FILED SEP 14 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kansas City

Length of stay in 1b

21 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Trinity Lutheran Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY  
OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1401 Belmont

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOHN WESLEY HATFIELD

4. DATE  
OF DEATH

Month

Day

Year

8

30

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

5-24-1907

## 9. AGE (last birthday)

55

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Richard L. Russell

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rooster

10b. KIND OF BUSINESS OR INDUSTRY

Western Poultry Co.

11. BIRTHPLACE (City and state or country)

Oronogo, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles Hatfield

## 13b. MOTHER'S MAIDEN NAME

Emma Stangle

## 14. NAME OF HUSBAND OR WIFE

Grace Ann Hatfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mr. Grace A. Hatfield 1401 Belmont

Address

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia Right Lung

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Cardiac Dilatation

## DUE TO (c)

Undifferentiated Small Cell Carcinoma Right Lung

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 23, 1962 to Aug. 30, 1962 and last saw her live on 8-30-62  
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Richard L. Russell MD

## 22b. ADDRESS

609 Prof Bldg KC 6 Mo

## 22c. DATE SIGNED

8-31-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

9-1-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington

## 23d. LOCATION (City, town, or county)

Kansas City

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Sheil Funera Home K.C.M. 8-31-62

## 25. DATE RECD. BY LOCAL REG.

8-31-62

## 26. REGISTRAR'S SIGNATURE

Oruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Wm. Harrison Jr.

Prof. Body

66-112-3434

Dr. J. J. Farnsworth  
Trinity Lutheran

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address R. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.